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Drs Leff and Schwarz Respond

To the Editor: Dr Akama and colleagues raise the interesting possibility that the patient we described as having coexistence of primary biliary cirrhosis and sarcoidosis[1] may have had instead Sjögren's syndrome complicated by lymphocytic interstitial pneumonitis (LIP) with pulmonary granulomas. It is clear that primary biliary cirrhosis is associated with Sjögren's syndrome, which is indeed associated with noncaseating granulomas on biopsy and which may be indistinguishable from those seen in sarcoidosis. For the following reasons, however, we think this is an unlikely scenario in our patient:

- The patient had no evidence of Sjögren's syndrome (although no salivary gland biopsies were done) or the sicca complex.
- There was no evidence on transbronchial lung biopsy of either LIP or pseudolymphoma to explain the pulmonary granulomas.
- Chest computed tomography showed no evidence of an interstitial process that might be expected in the case of LIP.

While we may have encountered a sampling error due to the bronchoscopic nature of the biopsies, we think the weight of the evidence suggests coexistent sarcoidosis.

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Transmission of Hepatitis B by a Surgeon

To the Editor: In 1987 Orange County Public Health learned of two acute cases of hepatitis B, and identified three additional reported cases from the previous two years, found by a review of public health records. All five persons had surgical procedures done by a surgeon who was a known hepatitis B carrier. The surgeon was found to have hepatitis B e antigen in the blood in addition to hepatitis B surface antigen. Furthermore, hepatitis B antigen was detected in sputum. Blood from three patients and the surgeon was available for typing of the surface antigen. All were type "ay." No other risk factors for hepatitis B were confirmed after careful histories were obtained from the patients. The surgeon's previous professional experience included doing multiple surgical procedures on persons at high risk of being hepatitis B carriers—dialysis patients.

None of the specific surgical procedures were known to have included any recorded incident of blood exposure or other untoward event. For this reason, the surgeon, hospital infection control committee representatives, and the local health department disease control director met and agreed that the surgeon should be required by action of the local health department to discontinue surgical practice and to observe appropriate precautions while doing minor procedures attendant to general medical practice. The decision was not contested and was thought to be in the best interests of the patients, the affected institutions, and the surgeon, since, unlike other reports of this nature,[1] no changes in practice or technique seemed likely to assure no further transmission. No further associated cases have been identified.

Orange County Public Health investigates all hepatitis reports (about 1,000 per year) using a procedure initiated by the Centers for Disease Control for use in "sentinel counties" engaged in a special study of hepatitis frequency and epidemiology.[2] Because the association of so many cases with a single physician does not occur commonly, it seems likely that some aspect of contact between the surgeon and patients resulted in transmission of the hepatitis B virus, even though no technical or procedural problems were identified. The surface antigen subtyping supports this conclusion but is not conclusive because the frequency of "ay" in the community is unknown.

Physician transmission of hepatitis B presumably is rare but may go unrecognized. We think it is important to record such recognized clusters so that representative accounts of such occurrences can be found in the literature.[3]

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Correction

To the Editor: While the text is clear, Figure 1 in our case report on McCune-Albright syndrome in the December issue may be misleading.[1] Bromocriptine therapy was initiated in January 1985 before the decrement in prolactin values. We apologize for any confusion this may have caused readers of the journal.

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